

accrual budgeting for Federal insurance programs, mitigation of the bias in the budget process toward higher spending, modifications in paygo requirements when there is an on-budget surplus, and for other purposes:

Mr. ROEMER. Mr. Chairman, since I have served in Congress, I have always supported commonsense reform proposals that improve the efficiency of Congress and make it more accountable to the American people.

While I support some of the specific proposals contained in the Comprehensive Budget Process Reform Act, such as biennial budgeting and increased congressional oversight responsibility, I voted against the bill because it failed to include these important reform measures.

I was disappointed that the bipartisan amendment to provide for biennial budgeting was defeated. This would have streamlined the budget process, enhanced the oversight of government programs and strengthened fiscal management. With the recent enactment of the other government reform measures, such as the Government Performance and Review Act, which I supported, a biennial budget process would be the next logical step in promoting long-term planning, and improving the efficiency of government and the use of taxpayer dollars.

I was also disappointed that the House adopted on voice vote the second amendment offered by Representative RYAN. This amendment would allow non-Social Security surpluses to be used for tax cuts or changes to entitlement programs. The problem with this amendment, in my opinion, is that it would repeal many of the budget rules known as "pay-as-you-go" requiring that tax cuts be offset with equal cuts in federal spending. Without these rules, critical federal programs could be sequestered, leading to across-the-board cuts in education, Medicare, and farm support programs. This is a dangerous way to change the budget process, and it is not sound fiscal policy.

Mr. Chairman, for these reasons, I voted against H.R. 853, and I am pleased that a bipartisan majority of my colleagues voted with me to defeat this legislation.

INTRODUCTION OF LEGISLATION TO COVER AAC DEVICES UNDER MEDICARE

HON. JERROLD NADLER

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Wednesday, May 17, 2000

Mr. NADLER. Mr. Speaker, today I join Representative CUNNINGHAM in introducing an important bill to rectify a fundamental unfairness for seniors stricken with Amyotrophic Lateral Sclerosis, ALS, and other debilitating diseases that render one unable to speak. Our bill would extend Medicare coverage to Augmentative and Alternative Communication, or AAC Devices, which have been previously unavail-

able to seniors who cannot afford the enormous cost, so that all seniors may enjoy the benefits of communication.

AAC devices are remarkable machines that allow a severely speech-impaired person to speak through a computer. Perhaps the most famous user of these devices is physicist Stephen Hawking, who relies on this device to conduct his brilliant work. Fortunately, he is able to afford an AAC device, but countless others who are stricken with ALS, and similarly debilitating diseases, find themselves without the means to purchase these expensive, yet invaluable, devices.

Amazingly, HCFA, the Health Care Financing Administration, has refused to cover these devices, labeling them "a convenience item." Is it merely a convenience to be able to communicate with your family, your friends, or your caretaker? Is it just a luxury for people suffering with ALS to lead safe, healthy, and productive lives? That is what HCFA must believe by refusing to cover AAC devices.

HCFA's resistance toward covering AAC devices is made even more inexplicable by the fact that every other federal health care provider, like the Veterans' Administration, every state Medicaid program, as well as hundreds of commercial providers cover these unique devices, recognizing that communication is more than a convenience, it's a necessity. It is a cruelty to deny individuals the power of speech, when then devices are readily available.

I first became interested in this cause after meeting with the wife of the late actor Michael Lazo, a constituent of mine, who first told me of HCFA's refusal to cover AAC devices. Over the last year and a half many of my colleagues, particularly Mr. CUNNINGHAM, and I have worked to reverse this short-sighted decision. I am pleased that recently they removed their non-coverage decision, allowing local carriers to cover AAC devices if they determine it is appropriate. However, this decision goes only half-way toward what is necessary. While I have no doubt that coverage is the only reasonable decision these local providers could reach, I feel we must affirmatively cover these devices.

According to HCFA itself, AAC Devices "can greatly improve the quality of life of people who either cannot speak or whose speech is unintelligible to most listeners . . . this technology gives severely speech-impaired people ways to communicate their thoughts to others." I ask them today to listen to their own words and cover AAC devices.

Mr. Speaker, I ask my colleagues to join us in providing the power of speech to those who could benefit from these devices and cosponsor this important legislation.

LUNG CANCER RESEARCH

HON. NITA M. LOWEY

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Wednesday, May 17, 2000

Mrs. LOWEY. Mr. Speaker, I rise today to discuss the tragedy of lung cancer, which afflicts hundreds of thousands of Americans. I especially want to pay tribute to my constituent, Vivian Feigl of Rego Park, New York, who struggles with this debilitating disease and whose longstanding commitment to helping those with lung cancer is an inspiration to us all. Rarely do I encounter people with as much passion and energy for an issue as Vivian has for finding a cure for lung cancer.

Mr. Speaker, most of us know how devastating lung cancer can be. But few Americans understand how pervasive this disease is. According to the American Cancer Society, lung cancer is the number one cancer killer of American women. More people die of lung cancer annually than colon, breast, and prostate cancers combined. In this year alone, over 164,000 new cases of lung cancer will be diagnosed, and nearly 157,000 people will die of lung cancer. Moreover, whereas early detection can prevent an overwhelming majority of deaths for some cancers, such as cervical and prostate cancer, few cases of lung cancer are caught at an early stage. Overall, the five-year survival rate for all stages of lung cancer is 14 percent. Clearly, we can and must do more to fight this terrible illness.

I have long supported increasing our investment in medical research because it can both save lives and reduce our nation's health care costs in the long run. And as a member of the Appropriations Subcommittee on Labor-HHS-Education, I have worked hard to ensure that researchers have the resources necessary to continue to make advances in the prevention and treatment of cancer.

Yet while funding for long cancer research has increased to about \$160 million in 1999, our battle is far from over. With so many Americans like Vivian fighting bravely against this disease, we must continue to increase funding for lung cancer research. The Labor-HHS-Education appropriations bill that passed subcommittee last week would provide an additional \$1.3 billion for the National Institutes of Health—a badly needed increase. As this bill moves forward, I hope that we'll ultimately provide a \$2.7 billion increase so that we can meet our goal of doubling the NIH budget over five years.

So today, I again commend Vivian Feigl, who has devoted so much of her time and energy to the fight against lung cancer. And I promise to continue my fight to double funding for the NIH so we can find cures for lung cancer and the many of the other diseases and disorders plaguing our nation. Our friends and families depend on our unbending commitment to this critical research, and they deserve no less.